MAINE DEPARTMENT OF LABOR BUREAU OF UNEMPLOYMENT COMPENSATION (division.uctax@maine.gov) AMENDED REPORT - FORM C1A-ME

EMPLOYER'S AMENDMENTS TO UNEMPLOYMENT INSURANCE CONTRIBUTIONS AND/OR WAGE DETAIL REPORT

UC EMPLOYER ACCOUN	IT NO.:					
EMPLOYER NAME:	Perio	Period Covered: / / / /				
Contribution Rate %	Unemployment Insurance Contributions (Lines 1 - 6 must be completed for each column) A. Amount Last Reported B. Correct Amount			C. Di	C. Difference	
Total Wages for Quarte	r	_				
2. Excess Wages		_				
3. Taxable Wages		_				
4. Contributions						
5. Overpayment - Refund	Will be Issued					
	e Remit Payment with Return.					
7. Explanation of Adjustments Re	equired:					
	8. INDIVIDUAL E	MPLOYEE WAGE CO	DRRECTIONS			
Employee's Social Security No.	Name of Employee	Originally Reported Wages		Correct Wages		
		Nonseasonal	Seasonal	Nonseasonal	Seasonal	
					ļ	
					-	
					+	
					1	
					 	
certify that the information contacorrect. Signature	ained on this return, report and attac	chment(s) is true and	Mail to: MAIN BURI P.O. I	Payable to Treasurer, \$ IE DEPARTMENT OF LA EAU OF UNEMPLOYME BOX 259 USTA, ME 04332-0259	BOR	
_						
Fitle	Date _ EGARDING THIS FORM, CONTACT YO	OUD LOCAL FIELD ADVIS	_ Telephone	OP CALL THE WACE F	PECOPO LINIT AT 20	
287-1231. TTY (HEARING IMPAIRE		JON LOCAL FIELD ADVIS	OUT AIND EXAMINER	ON CALL THE WAGE F	ALGORD ONLI AT 207	

INSTRUCTIONS FOR AMENDED REPORT

Purpose of Form. Use this form to correct an error or make changes to the Unemployment Insurance Contributions portion of Form 941/C1-ME filed previously. Please do not make changes using a current Form 941/C1-ME. You may use this form to amend any UC report filed in prior quarters. Please prepare a separate Form C1A-ME for each period for which an error or correction is needed.

UC EMPLOYER NUMBER. Enter your employer identification number issued by the Maine Department of Labor.

EMPLOYER NAME. Enter the name of the employer amending the report.

PERIOD COVERED. Enter the beginning and ending dates for the quarter to be amended by this report.

Lines 1, 2 and 3. In Column A, enter the (1) total, (2) excess and (3) taxable wages previously reported for the period covered by the amended report.

In Column B, enter the correct amount of (1) total, (2) excess and (3) taxable wages.

In Column C, enter the difference between the amounts in Column A and Column B.

Line 4. In Column A, enter the amount of Unemployment Insurance Contributions previously reported for the period covered by the amended report.

In Column B, enter the correct amount of Unemployment Insurance.

In Column C, enter the difference between the amounts in Column A and Column B.

- **Line 5. Overpayment of Contributions.** If the difference in Column C, line 4 is an overpayment, enter the amount on line 5.
- **Line 6. Underpayment of Contributions.** If the difference in Column C, line 4 is an underpayment, enter the amount on line 6.
- Line 7. Explanation of Adjustments. Use this space to enter an explanation of the error you are correcting.
- **Line 8. Individual Employee Wage Corrections.** Enter data ONLY for those employees whose wages are being adjusted.

If you have any questions regarding this form, contact your local field advisor and examiner, call the wage record unit at (207) 287-1231 or e-mail **division.uctax@maine.gov**. TTY (hearing impaired only) 1 (800) 794-1110.